

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-041865

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 504

FILED NOV 20 1962

## 1. PLACE OF DEATH

a. COUNTY

Cape Girardeau

b. CITY (If outside corporate limits, give TOWNSHIP only)

Cape Girardeau

Length of stay in lb

2 Months

c. FULL NAME OF (If NOT in hospital, give location)

Maplecrest Nursing Home

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Cape Girardeau

c. CITY

OR TOWN

Cape Girardeau

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

1324 Bend Road

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Robert

Middle

Charles

Last

Brase

4. DATE OF DEATH

Month

Day

Year

November 12, 1962

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

4/21/1884

## 9. AGE (last birthday)

78

## 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired salesman for Knapp Shoe Co.

## 10b. KIND OF BUSINESS OR INDUSTRY

Dutchtown, Mo.

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

Henry Brase

## 13b. MOTHER'S MAIDEN NAME

Augusta Bock

## 14. NAME OF HUSBAND OR WIFE

Amy Brase

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

No

## 17. INFORMANT

Address

Amy Brase-Cape Girardeau, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

ARTERIOSCLEROTIC HEART DISEASE

## INTERVAL BETWEEN ONSET AND DEATH

YEAR

Conditions, if any, which gave rise to above cause (s), stating the underlying cause last.

DUE TO (b)

GENERALIZED ARTERIOSCLEROSIS

YEAR

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 9-11-62, to 11-12-62 and last saw her alive on 11-5-62  
Death occurred at 12:20 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Dale M. Blankenship M.D.

## 22b. ADDRESS

Cape Girardeau, Mo.

## 22c. DATE SIGNED

11-13-62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

11/14/1962

## 23c. NAME OF CEMETERY OR CREMATORY

Zions Cemetery

## 23d. LOCATION (City, town, or county)

Gordonville, Mo.

(State)

## 24. FUNERAL DIRECTOR

ADDRESS

L. L. Haman-Cape Girardeau, Mo.

## 25. DATE RECD. BY LOCAL REG.

11-16-62

## 26. REGISTRAR'S SIGNATURE

Dale M. Blankenship

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

Dr. Blankenship

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300  
Rev. 4/59

2168

201682

3

4 0

5 1

6

7 0

8 2

9 4200

10

11

12 86-0

13 1-0

DEC 4 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Howard L. Human*

Licensed Embalmer No. 4122

P. O. Address Cape Girardeau, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.